

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
FOR USE WITH FORM PTO-875**

SERIAL NO.	FILING DATE
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APPLICANT SIGNATURE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
1	/						51				
2	/						52				
3	/						53				
4	/						54				
5	/						55				
6	/						56				
7	/						57				
8	/						58				
9	/						59				
10	/						60				
11	/						61				
12	/						62				
13	/						63				
14	/						64				
15	/						65				
16	/						66				
17	/						67				
18	/						68				
19	/						69				
20	/						70				
21	/						71				
22	/						72				
23	/						73				
24	/						74				
25	/						75				
26	/						76				
27	(1)						77				
28	(1)						78				
29	(1)						79				
30	(1)						80				
31	(1)						81				
32	(1)						82				
33	(1)						83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				